



Green River District Medical Reserve Corps

Green River District Health Department
1501 Breckenridge St.
Owensboro, KY 42303
(270) 852-5405
FAX: (270) 926-9862

Dear Prospective Volunteer,

Thank you for requesting information on the Medical Reserve Corps. We are very excited to have the opportunity to work with you!

The Medical Reserve Corps (MRC) is a community-based network of volunteers that assists public health efforts in times of special need or disaster. Members of an MRC may also volunteer their time throughout the year in order to promote community public health and education. The Green River District MRC program strives to help our communities achieve their local visions for public health and emergency preparedness. We serve the Daviess, Henderson, Ohio, Union, Webster, Mclean and Hancock counties.

MRC volunteers supplement existing local emergency plans and resources. In order to be effective during times of emergency, volunteers must be organized and trained to work in emergency situations. Please see the Information Fact sheet included herein for further details. You are also urged to go to the MRC website (<http://www.medicalreservecorps.gov/>) for more information.

No experience or medical knowledge is necessary to volunteer. We will provide all training needed to individuals who want to make a difference. All types of volunteers are needed:

Practicing, retired, or otherwise employed medical professionals:

- ✚ Doctors
- ✚ Nurses
- ✚ Dentists
- ✚ Emergency Medical Technicians
- ✚ Pharmacists
- ✚ Nurses Assistants
- ✚ Public Health Professional
- ✚ Veterinarians
- ✚ Mental Health Professional

Community Members / Professionals retired or otherwise employed

- ✚ Emergency Professionals
- ✚ Special Need Assistants
- ✚ Office and Clerical
- ✚ Food Staff
- ✚ Data Entry
- ✚ Supply Clerk
- ✚ Clergymen
- ✚ Security/Law Enforcement
- ✚ Child Care Worker

Enclosed you will find a volunteer application and various forms for completion along with an envelope for return. Upon completion and acceptance of your application you will become a ServKY volunteer and will receive an informational packet discussing the trainings necessary to become a MRC volunteer. If you have any questions or concerns, please feel free to call me at 270-686-7747 ext 3005 or email at margaret.hibbs@ky.gov.

Sincerely,

A handwritten signature in black ink that reads 'Margaret Hibbs'.

Public Health Services Coordinator/MRC Unit Leader



Green River District Medical Reserve Corps
Green River District Health Department
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SERV KY / MRC APPLICATION

(Please print all information and return)

I. General Information

Date: _____

Name: _____
(first) (M.I.) (Last)

Home Address: _____

City _____ State _____ Zip code _____

Home Phone: (____) ____ - ____ Cellular Phone: (____) ____ - ____ Service Provider: _____

Pager: (____) ____ - ____ Fax: (____) ____ - ____ Date of Birth: _____

Gender: ___ M ___ F Email: _____ @ _____

Emergency Contact Person Name & phone: _____

Language fluency (other than English): _____

Do you have physical limitations or medical conditions requiring special accommodations? ___Yes ___No

If yes, please explain: _____

Do you have family members that would need your care in the event of an emergency? ___Yes ___No

Do you own: (circle all that apply) 4-wheel drive vehicle motorcycle 4-wheeler boat

Other: _____

Have you had the hepatitis B vaccine series? ___Yes ___No

How did you hear about our MRC Program? _____

II. Work Related Information

Full time: ___ Part time: ___ Retired: ___ Not currently working: ___

Employer: _____

Work Title: _____

Address: _____

City/State/Zip: _____

May we call you at work? ___Yes ___No

If yes, Work Phone: (____) ____ - ____ ext. _____ Fax: (____) ____ - ____

III. Related Skills & Experience

___Machine ___Equipment ___Clerical ___Childcare ___Teacher
___Military ___Ministry ___Business ___Computers ___Disaster Survivor
___Homemaker Other _____

Please include a copy of all your licenses & certifications.

(OVER PLEASE)

Have you received training in the following? (Please include a copy of all licenses or certificates)

<input type="checkbox"/> First Aid	<input type="checkbox"/> Search & Rescue	<input type="checkbox"/> Documentation/Records
<input type="checkbox"/> CPR	<input type="checkbox"/> Disaster Preparedness	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Incident Command	<input type="checkbox"/> Weather Emergencies	<input type="checkbox"/> Amateur Radio
<input type="checkbox"/> Team Building	<input type="checkbox"/> Wilderness Survival	<input type="checkbox"/> Crime Watch
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Damage Assessment	<input type="checkbox"/> Hazardous Materials
<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Amer. Red Cross Vol.	Other: _____

Are you CPR certified? Yes No If yes, certificate expiration date: _____

Are you AED certified? Yes No If yes, certificate expiration date: _____

IV. Medical Background (To be completed if you have a health or medical background)

Physician: Board Certified: Yes No Area of Specialty: _____

Nurse: RN LPN Area of Specialty: _____

Emergency Medical: First Responder Paramedic EMT

Other Medical Backgrounds:

<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Mental Health Practitioner
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> PA
<input type="checkbox"/> ARNP	<input type="checkbox"/> Phlebotomist	<input type="checkbox"/> Optometrist
<input type="checkbox"/> Dentist	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Health Educator
<input type="checkbox"/> Med Tech	<input type="checkbox"/> Nurse's Aide	<input type="checkbox"/> Clinical Assistant
<input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> Radiologist	Other: _____

Do you have Trauma or ER experience? Yes No

Do you have an active Kentucky license or certification to practice in your profession / field of specialty?

Yes No License Number: _____

V. Pictures

Your Photo may be taken during your participation as a MRC volunteer. We request your permission to use your photo in the MRC Newsletter, for recruitment purposes or on the website. Your signature gives us permission to use any photo you may be in for this purpose.

Signature: _____

Please include a copy of all your licenses & certifications.

Confidentiality / HIPPA

Kentucky Medical Reserve Corps (MRC) Volunteer Agreement Confidentiality, Security of Protected Health & Sensitive Information Agreement

This agreement addresses Kentucky Statute and HIPAA Regulations regarding, but not limited to: Confidentiality, Security and Protected Health Information.

1. During my involvement with MRC I may be privy to sensitive confidential information. Health information that must be kept secure is called Protected Health Information (PHI). HIPAA establishes in Federal Laws the basic principle that an individual's medical records belong to that individual and cannot be reused, released or disclosed without the explicit permission of that individual or legal guardian. Protected health, confidential and sensitive information is either information that is protected by law or is of such a personal nature that it is not treated as public record and must be safeguarded.

All information pertaining to personal facts, medical records and/or circumstances seen, obtained and/or overheard in conversation is confidential. All information that may lead to the identification of an individual must also be protected as Patient Health Information. This includes information that can be linked to a specific person through name, an identifying number such as social security number, address or phone number. Information may be in the form of a person's medical records, excerpts from the medical record or conversations that identify and individual. We also identify response activities specifically related to an individual. All are considered confidential.

I understand the identities of individuals I may see and specific information I may learn from conversation or observations while responding with MRC are confidential. This includes patient identifying information as noted above.

I understand that accessing or releasing confidential information and/or records or causing confidential information and /or records to be accessed or released to myself or another individual would constitute a violation of this agreement. This may subject me to civil and criminal liability for disclosure of confidential information to unauthorized persons.

2. I will not operate outside of my scope of MRC training.
3. I will utilize the Incident Command System and will be accountable to my supervisor/team leader during response event.
4. I will not comment, answer questions or divulge any information to the media. I will refer media questions to the team leader. The team leader will know who the Public Information Officer (PIO) is.

I have read this agreement, understand it and agree to comply with its terms.

Signature: _____

Date: _____

Volunteer Code of Conduct

Ethics

A volunteer shall:

- ¶ Maintain high standards of moral and ethical conduct that includes self-control and responsible behavior. A volunteer must consider the physical and emotional well-being of others and display courtesy and good manner.
- ¶ Avoid profane and abusive language and disruptive behavior including behavior that is dangerous to self to or others including acts of violence, physical or sexual behavior, or harassment.
- ¶ Abstain from transport, storage and/or consumption of alcoholic beverage and/or illegal substances while performing volunteer duties.
- ¶ Abstain from illegal activity.
- ¶ Avoid conflict of interest situation and refrain from action that may be so perceived. Volunteers should disclose all potential or actual conflicts of interest as they arise.

Safety

A volunteer shall:

- ¶ Put safety first in all volunteer activities.
- ¶ Respect and use all equipment appropriately.
- ¶ Follow all procedures to the best of one's ability at all times.
- ¶ Promote healthy and safe work practices.
- ¶ Recognize and congratulate those volunteer who follow safe and caring practices,
- ¶ Take care of self and others.
- ¶ Report all injuries, illnesses and accident to the Medical Reserve Corps Unit Coordinator.
- ¶ Recognize that training is fundamental to everyone's safety.

Respect:

A volunteer shall:

- ¶ Respect the cultures, beliefs, opinions and decision of others although he/she may not always agree.
- ¶ Treat each other with courtesy, sensitivity, tact, consideration and humility.
- ¶ Accept the chain of command and respect each other regardless of position.
- ¶ Refrain from verbal or written discourse to the detriment of the Corps.

Signature of Volunteer

Printed Name

Date

Volunteer Risk/Liability

Green River District Health Department Medical Reserve Corps intends to mitigate and prevent risks to volunteers. Every attempt will be made to reduce risks to volunteers through training, education and use of universal precautions. In addition, volunteers will only be matched to positions for which they have the skills and qualification to fulfill safely.

Volunteers Protected from Legal Liability

Under The Volunteer Protection Act of 1997, people who volunteer for non-profit organizations or governmental entities cannot be held liable for any harm (except for a harm caused by operation of a motor vehicle or a harm caused by criminal conduct or gross or reckless misconduct) that they may cause while engaged in volunteer activity. This organization (or entity) qualifies under federal law, so if you volunteer, you can do so secure in the knowledge that by volunteering you are not exposing yourself to additional legal liability.

See www.tex.med.org/template.aspx?id=2107

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteer agree to assume their own risk as a volunteer. Any incidents or injuries should be reported to the Green River District Health Department MRC Volunteer Coordinator immediately.

Volunteer Statement/Agreement

I have read the Green River District Health Department Medical Reserve Corps policy on Volunteer Risk/Liability. I understand its content and have had the opportunity to ask questions regarding my risk as a volunteer. I agree to assume my own risk as a volunteer and will report any incident, accidents, or injuries immediately to the Medical Reserve Corps Volunteer Coordinator.

Signature of Volunteer

Printed Name

Date

Kentucky Division of Emergency Management

WORKERS' COMPENSATION ENROLLMENT FORM

New Member

Updated Enrollment

Name (Last) (First) (Middle)

Street / P.O. Box / Route #

(City) (Zip Code) (County)

Social Security Number: _____ DOB: _____

Phone: Home: () - Work: () -

Sex: Male Female

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Emergency Services Organization: _____

List any Special Training: _____

Are you presently any of the following?

1. Volunteer Firefighter Yes No 2. Auxiliary Policeman Yes No

3. Water Rescue Member Yes No 4. Cave Rescue Member Yes No

5. Other: _____

Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Date Received in Area Office _____

Background Check Authorization

I give permission for the Green River District Medical Reserve Corps to conduct a criminal background check on me. I understand that an unsatisfactory background check will result in ineligibility for the team.

Social Security Number _____

Printed Name _____

Maiden Name (if applicable) _____

Signature

Date

For office use only:

Date: _____

Prepared by: _____

Comments: _____



REQUEST FOR CONVICTION RECORDS
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to KRS 17.167, Request for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Green River District Medical Reserve Corps, 1501 Breckenridge Street, Owensboro, Ky. 42303

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment or a volunteer position with one of the following organization; a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standard and Education), and ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
First Middle Last Maiden

ADDRESS: _____
Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ Soc Sec No: _____

Signature Date Witness Date

INSTRUCTIONS:

The Requesting agency must confirm that all application information is completed accurately and legibly.

Requests should be accompanied by two, self-addressed stamped envelopes – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

RETURN THE FORM TO: Kentucky State Police
Criminal Identification and Records Branch
Criminal History Dissemination Section
1250 Louisville Road
Frankfort, KY 40601

Visit us online @<http://kentuckystatepolice.org>

Reference Request Form

Potential Volunteer Name: _____

In addition to a criminal background check, which is completed for the benefit of safety and security of all our Medical Reserve Corps members, the Green River District MRC Unit requests that all members provide two personal references.

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Release of Confidential Information

This signed document authorizes the Green River District Health Department to release any necessary contact information to members of the Medical Reserve Corps (MRC) for the purpose of contacting other MRC volunteers in the event of any Alert of the Medical Reserve Corps.

By signing this release you are acknowledging that your name, phone number, email and fax number may be released and made public to other MRC members.

You also acknowledge and agree that as a member of the MRC, you will not use any contact information you receive about another MRC volunteer for any purpose other than an official Alert notification(s) to other MRC volunteers.

You are also granting permission for your information to be used by the MRC to contact you concerning issues of MRC training, and other administrative subjects.

1. I understand that I have the right to refuse to release this information. If I refuse to release this information, it will not be possible for this office to process my application with the Medical Reserve Corps.
2. I understand that I may withdraw this consent upon written notice.
3. I hold the Green River District Health Department harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provided information to the above-named agency.
4. I do hereby give the Green River District Health Department permission to release my personal information as needed for training and/or deployment of the Medical Reserve Corps.

Signature of Volunteer

Printed Name

Date

Media Release and Public Speaking

Policy:

The Public Information Officer under the supervisor of the Director of the Green River District Health Department will be responsible for writing of news releases, coordinating interviews and/or public speaking requests.

Procedure:

All requests for information from the media will be directed to the Public Information Officer (PIO).

Any staff member/MRC volunteer who is designated to speak to the media should collaborate with the Public Information Officer to establish a clear message that reflects the Green River District Health Department's position regarding the topic. No employee or volunteer of the Green River District Health Department will represent the agency or provided information to the media without prior authorization from the Director of the Green River District Health Department.

Any time a representative of the media is on-site or at a health agency clinic off-site where the agency is ultimately responsible, media representatives will not be allowed to interview or photograph patients without written permission from that individual.

If a photographer or camera operator wants to shot random pictures of a clinic, an announcement must be made to all in the area in question before any pictures can be taken. These procedures ensure that clients' confidentially is protected.

Requests for interviews should be forwarded to the Public Information Officer who will coordinate the scheduling so that individuals will not be overburdened or asked to discuss topic in which they are not well versed.

I, _____, grant Green River District Health Department permission to use my likeness in a photograph in any and all publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Green River District Health Department and will not be returned.

Signature of Volunteer

Printed Name

Date

VOLUNTEER GRIEVANCE PROCEDURE

The following is the procedure to file any grievance for volunteers:

1. Discuss grievances with the Unit Coordinator in a timely manner.

IF NOT RESOLVED...

2. Write out the details of the grievance on a Grievance Reporting Form, which can be obtained through the Unit Coordinator. If form is not available to you then write out your grievance on a plain piece of paper. Make sure to include your name, address, contact number and it must be signed and dated by you. Please present the original to the Green River District Epidemiologist. They will meet with the Unit Coordinator within 10 days of receiving the grievance.

IF NOT RESOLVED...

3. As an appeal action, take the written grievance to the Medical Reserve Advisory Board.

Under normal conditions the Medical Reserve Advisory Board will take action within 90 days of receiving this appeal. The volunteer will have the option of appearing before the Medical Reserve Advisory Board when the appeal is reviewed.

Volunteer's Signature: _____ Date: _____

(Sign this form and return to indicate your understanding of the grievance procedure)